

02/26/99

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JCS51 U.S. PTO  
09/258609

02/26/99

UTILITY  
PATENT APPLICATION  
TRANSMITTAL

|                      |                                      |
|----------------------|--------------------------------------|
| Attorney Docket No.  | EPC-009 (2115/13)                    |
| First Named Inventor | Hiroshi Kobata                       |
| Title                | An Electronic Parcel Delivery System |

(Only for new nonprovisional applications under 37 CFR 1.53(b))

| APPLICATION ELEMENTS   | ADDRESS TO: <b>Box Patent Application</b><br><b>Assistant Commissioner for Patents</b><br><b>Washington, D.C. 20231</b>   |
|--|---|
| 1. <input checked="" type="checkbox"/> Fee Transmittal Form  | <b>ACCOMPANYING APPLICATION PARTS</b>   |
| 2. <input checked="" type="checkbox"/> Specification and Drawings [Total Pages 36]<br>- Specification - (28 pages)<br>- Claims - (7 pages)<br>- Abstract - (1 page)<br>- Sheets of Drawings - (8 sheets)<br><input type="checkbox"/> Formal<br><input checked="" type="checkbox"/> Informal  | 7. <input type="checkbox"/> 37 CFR 3.73(b) Statement (when there is an assignee)<br><input type="checkbox"/> Power of Attorney  |
| 3. <input type="checkbox"/> Oath or Declaration [Total Pages ]<br>a. <input type="checkbox"/> Newly executed (original)<br>b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d))<br>(for continuation/divisional with Box 17 completed)<br>[Note Box 4 below]   | 8. <input type="checkbox"/> English Translation Document (if applicable)  |
| 4. <input type="checkbox"/> Incorporation by Reference (usable if Box 3b is checked)<br>The entire Disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 3b, is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.  | 9. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449<br><input type="checkbox"/> Copies of IDS Citations   |
| 5. <input type="checkbox"/> Microfiche Computer Program (Appendix)   | 10. <input type="checkbox"/> Preliminary Amendment<br><input type="checkbox"/> Drawings [Total Sheets ]<br><input type="checkbox"/> Letter to Official Draftsperson Including Drawings [Total Pages ]   |
| 6. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission<br><input type="checkbox"/> Computer Readable Copy<br><input type="checkbox"/> Paper Copy (identical to computer copy)<br><input type="checkbox"/> Statement verifying identify of above copies   | 11. <input checked="" type="checkbox"/> Return Receipt Postcard   |
| 17. <input type="checkbox"/> If a <b>CONTINUING APPLICATION</b> , check appropriate box and supply the requisite information:<br><input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application Serial No. ____/____.<br><b>Priority to the above application(s) is claimed under 35 U.S.C. 120.</b><br>Prior application information: Examiner: _____. Group/Art Unit: _____. | 12. <input type="checkbox"/> Small Entity Statement(s)<br><input type="checkbox"/> Statements filed in prior application, (Status still proper and desired)   |
| 18. <input type="checkbox"/> <b>Priority - 35 U.S.C. 119</b><br><input type="checkbox"/> Priority of application Serial No. _____ filed on _____ in _____ is claimed under 35 U.S.C. 119.<br><input type="checkbox"/> The certified copy has been filed in prior U.S. application Serial No. ____/____ on _____.<br><input type="checkbox"/> The certified copy will follow.   | 13. <input type="checkbox"/> Certified Copy of Priority Document(s)   |
| <b>CORRESPONDENCE ADDRESS</b>  | <b>SIGNATURE BLOCK</b>  |
| Direct all correspondence to: Patent Administrator<br>Testa, Hurwitz & Thibault, LLP<br>High Street Tower<br>125 High Street<br>Boston, MA 02110<br>Tel. No.: (617) 248-7000<br>Fax No.: (617) 248-7100  | Respectfully submitted,<br><i>Michael A. Rodriguez</i><br>Michael A. Rodriguez<br>Agent for Applicants<br>Testa, Hurwitz & Thibault, LLP<br>High Street Tower<br>125 High Street<br>Boston, MA 02110<br>Date: February 26, 1999<br>Reg. No. 41,274<br>Tel. No.: (617) 248-7501<br>Fax No.: (617) 248-7100 |

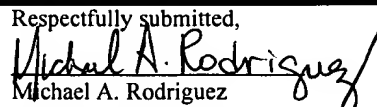
570MAR2115/13.A740809

# FEE TRANSMITTAL

Note: Effective October 1, 1997.  
Patent fees are subject to annual revision

Complete if Known

|                           |                   |
|---------------------------|-------------------|
| Application Serial Number | Filed Herewith    |
| Filing Date               | Herewith          |
| First Named Inventor      | Hiroshi Kobata    |
| Group Art Unit            | Not Yet Assigned  |
| Examiner Name             | Not Yet Assigned  |
| Attorney Docket No.       | EPC-009 (2115/13) |

| METHOD OF PAYMENT   |                                 |   |              | FEE CALCULATION (continued)  |                                 |               |        |                       |                       |                 |                   |                      |         |                                     |   |                          |              |  |   |     |     |                           |  |                    |       |  |  |     |                                    |  |  |     |     |   |  |     |     |  |                          |       |     |   |  |       |     |  |  |     |     |                  |  |     |     |  |  |     |     |                          |  |     |     |                               |  |    |    |   |  |     |     |   |  |     |     |   |  |     |     |   |  |     |     |  |  |  |  |                 |  |
|---|---------------------------------|---|--------------|--|---------------------------------|---------------|--------|-----------------------|-----------------------|-----------------|-------------------|----------------------|---------|-------------------------------------|---|--------------------------|--------------|--|---|-----|-----|---------------------------|--|--------------------|-------|--|--|-----|------------------------------------|--|--|-----|-----|---|--|-----|-----|--|--------------------------|-------|-----|---|--|-------|-----|--|--|-----|-----|------------------|--|-----|-----|--|--|-----|-----|--------------------------|--|-----|-----|-------------------------------|--|----|----|---|--|-----|-----|---|--|-----|-----|---|--|-----|-----|---|--|-----|-----|--|--|--|--|-----------------|--|
| <b>1. <input checked="" type="checkbox"/> Payment Enclosed:</b><br><input checked="" type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> Other  |                                 |   |              | <b>3. ADDITIONAL FEES</b>  |                                 |               |        |                       |                       |                 |                   |                      |         |                                     |   |                          |              |  |   |     |     |                           |  |                    |       |  |  |     |                                    |  |  |     |     |   |  |     |     |  |                          |       |     |   |  |       |     |  |  |     |     |                  |  |     |     |  |  |     |     |                          |  |     |     |                               |  |    |    |   |  |     |     |   |  |     |     |   |  |     |     |   |  |     |     |  |  |  |  |                 |  |
| <b>2. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to credit or charge any fee indicated below to Deposit Account No. 20-0531.</b><br><input type="checkbox"/> Required Fees (copy of this sheet enclosed).<br><input checked="" type="checkbox"/> Additional fee required under 37 CFR 1.16 and 1.17.<br><input checked="" type="checkbox"/> Overpayment Credit.  |                                 |   |              | <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:10%;">Large Entity Fee (\$)</th> <th style="width:10%;">Small Entity Fee (\$)</th> <th style="width:50%;">Fee Description</th> <th style="width:30%;">Fee Paid</th> </tr> </thead> <tbody> <tr><td>130</td><td>65</td><td>Surcharge - late filing fee or oath</td><td></td></tr> <tr><td>50</td><td>25</td><td>Surcharge - late provisional filing fee or</td><td></td></tr> <tr><td>130</td><td>130</td><td>Non-English specification</td><td></td></tr> <tr><td>2,520</td><td>2,520</td><td>For filing a request for reexamination</td><td></td></tr> <tr><td>110</td><td>55</td><td>Extension for reply within first month</td><td></td></tr> <tr><td>380</td><td>190</td><td>Extension for reply within second month</td><td></td></tr> <tr><td>870</td><td>435</td><td>Extension for reply within third month</td><td></td></tr> <tr><td>1,360</td><td>680</td><td>Extension for reply within fourth month</td><td></td></tr> <tr><td>1,850</td><td>925</td><td>Extension for reply within fifth month</td><td></td></tr> <tr><td>300</td><td>150</td><td>Notice of Appeal</td><td></td></tr> <tr><td>300</td><td>150</td><td>Filing a brief in support of an appeal</td><td></td></tr> <tr><td>260</td><td>130</td><td>Request for oral hearing</td><td></td></tr> <tr><td>130</td><td>130</td><td>Petitions to the Commissioner</td><td></td></tr> <tr><td>50</td><td>50</td><td>Petitions related to provisional applications</td><td></td></tr> <tr><td>240</td><td>240</td><td>Submission of Information Disclosure Statement (37 CFR 1.97(c))</td><td></td></tr> <tr><td>130</td><td>130</td><td>Submission of Information Disclosure Statement (37 CFR 1.97(d))</td><td></td></tr> <tr><td>760</td><td>380</td><td>Filing a submission after final rejection (37 CFR 1.129(a))</td><td></td></tr> <tr><td>760</td><td>380</td><td>For each additional invention to be examined (37 CFR 1.129(b))</td><td></td></tr> <tr><td></td><td></td><td>Other (Specify)</td><td></td></tr> </tbody> </table> |                                 |               |        | Large Entity Fee (\$) | Small Entity Fee (\$) | Fee Description | Fee Paid          | 130                  | 65      | Surcharge - late filing fee or oath |   | 50                       | 25           | Surcharge - late provisional filing fee or |   | 130 | 130 | Non-English specification |  | 2,520              | 2,520 | For filing a request for reexamination |  | 110 | 55                                 | Extension for reply within first month |  | 380 | 190 | Extension for reply within second month |  | 870 | 435 | Extension for reply within third month |                          | 1,360 | 680 | Extension for reply within fourth month |  | 1,850 | 925 | Extension for reply within fifth month |  | 300 | 150 | Notice of Appeal |  | 300 | 150 | Filing a brief in support of an appeal |  | 260 | 130 | Request for oral hearing |  | 130 | 130 | Petitions to the Commissioner |  | 50 | 50 | Petitions related to provisional applications |  | 240 | 240 | Submission of Information Disclosure Statement (37 CFR 1.97(c)) |  | 130 | 130 | Submission of Information Disclosure Statement (37 CFR 1.97(d)) |  | 760 | 380 | Filing a submission after final rejection (37 CFR 1.129(a)) |  | 760 | 380 | For each additional invention to be examined (37 CFR 1.129(b)) |  |  |  | Other (Specify) |  |
| Large Entity Fee (\$)   | Small Entity Fee (\$)           | Fee Description   | Fee Paid     |  |                                 |               |        |                       |                       |                 |                   |                      |         |                                     |   |                          |              |  |   |     |     |                           |  |                    |       |  |  |     |                                    |  |  |     |     |   |  |     |     |  |                          |       |     |   |  |       |     |  |  |     |     |                  |  |     |     |  |  |     |     |                          |  |     |     |                               |  |    |    |   |  |     |     |   |  |     |     |   |  |     |     |   |  |     |     |  |  |  |  |                 |  |
| 130   | 65                              | Surcharge - late filing fee or oath                             |              |  |                                 |               |        |                       |                       |                 |                   |                      |         |                                     |   |                          |              |  |   |     |     |                           |  |                    |       |  |  |     |                                    |  |  |     |     |   |  |     |     |  |                          |       |     |   |  |       |     |  |  |     |     |                  |  |     |     |  |  |     |     |                          |  |     |     |                               |  |    |    |   |  |     |     |   |  |     |     |   |  |     |     |   |  |     |     |  |  |  |  |                 |  |
| 50  | 25                              | Surcharge - late provisional filing fee or                      |              |  |                                 |               |        |                       |                       |                 |                   |                      |         |                                     |   |                          |              |  |   |     |     |                           |  |                    |       |  |  |     |                                    |  |  |     |     |   |  |     |     |  |                          |       |     |   |  |       |     |  |  |     |     |                  |  |     |     |  |  |     |     |                          |  |     |     |                               |  |    |    |   |  |     |     |   |  |     |     |   |  |     |     |   |  |     |     |  |  |  |  |                 |  |
| 130   | 130                             | Non-English specification                                       |              |  |                                 |               |        |                       |                       |                 |                   |                      |         |                                     |   |                          |              |  |   |     |     |                           |  |                    |       |  |  |     |                                    |  |  |     |     |   |  |     |     |  |                          |       |     |   |  |       |     |  |  |     |     |                  |  |     |     |  |  |     |     |                          |  |     |     |                               |  |    |    |   |  |     |     |   |  |     |     |   |  |     |     |   |  |     |     |  |  |  |  |                 |  |
| 2,520   | 2,520                           | For filing a request for reexamination                          |              |  |                                 |               |        |                       |                       |                 |                   |                      |         |                                     |   |                          |              |  |   |     |     |                           |  |                    |       |  |  |     |                                    |  |  |     |     |   |  |     |     |  |                          |       |     |   |  |       |     |  |  |     |     |                  |  |     |     |  |  |     |     |                          |  |     |     |                               |  |    |    |   |  |     |     |   |  |     |     |   |  |     |     |   |  |     |     |  |  |  |  |                 |  |
| 110   | 55                              | Extension for reply within first month                          |              |  |                                 |               |        |                       |                       |                 |                   |                      |         |                                     |   |                          |              |  |   |     |     |                           |  |                    |       |  |  |     |                                    |  |  |     |     |   |  |     |     |  |                          |       |     |   |  |       |     |  |  |     |     |                  |  |     |     |  |  |     |     |                          |  |     |     |                               |  |    |    |   |  |     |     |   |  |     |     |   |  |     |     |   |  |     |     |  |  |  |  |                 |  |
| 380   | 190                             | Extension for reply within second month                         |              |  |                                 |               |        |                       |                       |                 |                   |                      |         |                                     |   |                          |              |  |   |     |     |                           |  |                    |       |  |  |     |                                    |  |  |     |     |   |  |     |     |  |                          |       |     |   |  |       |     |  |  |     |     |                  |  |     |     |  |  |     |     |                          |  |     |     |                               |  |    |    |   |  |     |     |   |  |     |     |   |  |     |     |   |  |     |     |  |  |  |  |                 |  |
| 870   | 435                             | Extension for reply within third month                          |              |  |                                 |               |        |                       |                       |                 |                   |                      |         |                                     |   |                          |              |  |   |     |     |                           |  |                    |       |  |  |     |                                    |  |  |     |     |   |  |     |     |  |                          |       |     |   |  |       |     |  |  |     |     |                  |  |     |     |  |  |     |     |                          |  |     |     |                               |  |    |    |   |  |     |     |   |  |     |     |   |  |     |     |   |  |     |     |  |  |  |  |                 |  |
| 1,360   | 680                             | Extension for reply within fourth month                         |              |  |                                 |               |        |                       |                       |                 |                   |                      |         |                                     |   |                          |              |  |   |     |     |                           |  |                    |       |  |  |     |                                    |  |  |     |     |   |  |     |     |  |                          |       |     |   |  |       |     |  |  |     |     |                  |  |     |     |  |  |     |     |                          |  |     |     |                               |  |    |    |   |  |     |     |   |  |     |     |   |  |     |     |   |  |     |     |  |  |  |  |                 |  |
| 1,850   | 925                             | Extension for reply within fifth month                          |              |  |                                 |               |        |                       |                       |                 |                   |                      |         |                                     |   |                          |              |  |   |     |     |                           |  |                    |       |  |  |     |                                    |  |  |     |     |   |  |     |     |  |                          |       |     |   |  |       |     |  |  |     |     |                  |  |     |     |  |  |     |     |                          |  |     |     |                               |  |    |    |   |  |     |     |   |  |     |     |   |  |     |     |   |  |     |     |  |  |  |  |                 |  |
| 300   | 150                             | Notice of Appeal  |              |  |                                 |               |        |                       |                       |                 |                   |                      |         |                                     |   |                          |              |  |   |     |     |                           |  |                    |       |  |  |     |                                    |  |  |     |     |   |  |     |     |  |                          |       |     |   |  |       |     |  |  |     |     |                  |  |     |     |  |  |     |     |                          |  |     |     |                               |  |    |    |   |  |     |     |   |  |     |     |   |  |     |     |   |  |     |     |  |  |  |  |                 |  |
| 300   | 150                             | Filing a brief in support of an appeal                          |              |  |                                 |               |        |                       |                       |                 |                   |                      |         |                                     |   |                          |              |  |   |     |     |                           |  |                    |       |  |  |     |                                    |  |  |     |     |   |  |     |     |  |                          |       |     |   |  |       |     |  |  |     |     |                  |  |     |     |  |  |     |     |                          |  |     |     |                               |  |    |    |   |  |     |     |   |  |     |     |   |  |     |     |   |  |     |     |  |  |  |  |                 |  |
| 260   | 130                             | Request for oral hearing  |              |  |                                 |               |        |                       |                       |                 |                   |                      |         |                                     |   |                          |              |  |   |     |     |                           |  |                    |       |  |  |     |                                    |  |  |     |     |   |  |     |     |  |                          |       |     |   |  |       |     |  |  |     |     |                  |  |     |     |  |  |     |     |                          |  |     |     |                               |  |    |    |   |  |     |     |   |  |     |     |   |  |     |     |   |  |     |     |  |  |  |  |                 |  |
| 130   | 130                             | Petitions to the Commissioner                                   |              |  |                                 |               |        |                       |                       |                 |                   |                      |         |                                     |   |                          |              |  |   |     |     |                           |  |                    |       |  |  |     |                                    |  |  |     |     |   |  |     |     |  |                          |       |     |   |  |       |     |  |  |     |     |                  |  |     |     |  |  |     |     |                          |  |     |     |                               |  |    |    |   |  |     |     |   |  |     |     |   |  |     |     |   |  |     |     |  |  |  |  |                 |  |
| 50  | 50                              | Petitions related to provisional applications                   |              |  |                                 |               |        |                       |                       |                 |                   |                      |         |                                     |   |                          |              |  |   |     |     |                           |  |                    |       |  |  |     |                                    |  |  |     |     |   |  |     |     |  |                          |       |     |   |  |       |     |  |  |     |     |                  |  |     |     |  |  |     |     |                          |  |     |     |                               |  |    |    |   |  |     |     |   |  |     |     |   |  |     |     |   |  |     |     |  |  |  |  |                 |  |
| 240   | 240                             | Submission of Information Disclosure Statement (37 CFR 1.97(c)) |              |  |                                 |               |        |                       |                       |                 |                   |                      |         |                                     |   |                          |              |  |   |     |     |                           |  |                    |       |  |  |     |                                    |  |  |     |     |   |  |     |     |  |                          |       |     |   |  |       |     |  |  |     |     |                  |  |     |     |  |  |     |     |                          |  |     |     |                               |  |    |    |   |  |     |     |   |  |     |     |   |  |     |     |   |  |     |     |  |  |  |  |                 |  |
| 130   | 130                             | Submission of Information Disclosure Statement (37 CFR 1.97(d)) |              |  |                                 |               |        |                       |                       |                 |                   |                      |         |                                     |   |                          |              |  |   |     |     |                           |  |                    |       |  |  |     |                                    |  |  |     |     |   |  |     |     |  |                          |       |     |   |  |       |     |  |  |     |     |                  |  |     |     |  |  |     |     |                          |  |     |     |                               |  |    |    |   |  |     |     |   |  |     |     |   |  |     |     |   |  |     |     |  |  |  |  |                 |  |
| 760   | 380                             | Filing a submission after final rejection (37 CFR 1.129(a))     |              |  |                                 |               |        |                       |                       |                 |                   |                      |         |                                     |   |                          |              |  |   |     |     |                           |  |                    |       |  |  |     |                                    |  |  |     |     |   |  |     |     |  |                          |       |     |   |  |       |     |  |  |     |     |                  |  |     |     |  |  |     |     |                          |  |     |     |                               |  |    |    |   |  |     |     |   |  |     |     |   |  |     |     |   |  |     |     |  |  |  |  |                 |  |
| 760   | 380                             | For each additional invention to be examined (37 CFR 1.129(b))  |              |  |                                 |               |        |                       |                       |                 |                   |                      |         |                                     |   |                          |              |  |   |     |     |                           |  |                    |       |  |  |     |                                    |  |  |     |     |   |  |     |     |  |                          |       |     |   |  |       |     |  |  |     |     |                  |  |     |     |  |  |     |     |                          |  |     |     |                               |  |    |    |   |  |     |     |   |  |     |     |   |  |     |     |   |  |     |     |  |  |  |  |                 |  |
|   |                                 | Other (Specify)   |              |  |                                 |               |        |                       |                       |                 |                   |                      |         |                                     |   |                          |              |  |   |     |     |                           |  |                    |       |  |  |     |                                    |  |  |     |     |   |  |     |     |  |                          |       |     |   |  |       |     |  |  |     |     |                  |  |     |     |  |  |     |     |                          |  |     |     |                               |  |    |    |   |  |     |     |   |  |     |     |   |  |     |     |   |  |     |     |  |  |  |  |                 |  |
| <b>FEE CALCULATION</b>  |                                 |   |              | <b>SUBTOTAL (3) (\$)</b>   |                                 |               |        |                       |                       |                 |                   |                      |         |                                     |   |                          |              |  |   |     |     |                           |  |                    |       |  |  |     |                                    |  |  |     |     |   |  |     |     |  |                          |       |     |   |  |       |     |  |  |     |     |                  |  |     |     |  |  |     |     |                          |  |     |     |                               |  |    |    |   |  |     |     |   |  |     |     |   |  |     |     |   |  |     |     |  |  |  |  |                 |  |
| <b>1. FILING FEE</b>  |                                 |   |              | <b>SUBTOTAL (1) 488</b>  |                                 |               |        |                       |                       |                 |                   |                      |         |                                     |   |                          |              |  |   |     |     |                           |  |                    |       |  |  |     |                                    |  |  |     |     |   |  |     |     |  |                          |       |     |   |  |       |     |  |  |     |     |                  |  |     |     |  |  |     |     |                          |  |     |     |                               |  |    |    |   |  |     |     |   |  |     |     |   |  |     |     |   |  |     |     |  |  |  |  |                 |  |
| <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:15%;">Large Entity Fee (\$)</th> <th style="width:40%;">Fee Description</th> <th style="width:45%;">Fee Paid</th> </tr> </thead> <tbody> <tr><td>760</td><td>Utility filing fee</td><td>760</td></tr> <tr><td>310</td><td>Design filing fee</td><td></td></tr> <tr><td>150</td><td>Provisional filing fee</td><td></td></tr> </tbody> </table>  |                                 |   |              | Large Entity Fee (\$)  | Fee Description                 | Fee Paid      | 760    | Utility filing fee    | 760                   | 310             | Design filing fee |                      | 150     | Provisional filing fee              |   | <b>SUBTOTAL (2)</b>      |              |  |   |     |     |                           |  |                    |       |  |  |     |                                    |  |  |     |     |   |  |     |     |  |                          |       |     |   |  |       |     |  |  |     |     |                  |  |     |     |  |  |     |     |                          |  |     |     |                               |  |    |    |   |  |     |     |   |  |     |     |   |  |     |     |   |  |     |     |  |  |  |  |                 |  |
| Large Entity Fee (\$)   | Fee Description                 | Fee Paid  |              |  |                                 |               |        |                       |                       |                 |                   |                      |         |                                     |   |                          |              |  |   |     |     |                           |  |                    |       |  |  |     |                                    |  |  |     |     |   |  |     |     |  |                          |       |     |   |  |       |     |  |  |     |     |                  |  |     |     |  |  |     |     |                          |  |     |     |                               |  |    |    |   |  |     |     |   |  |     |     |   |  |     |     |   |  |     |     |  |  |  |  |                 |  |
| 760   | Utility filing fee              | 760   |              |  |                                 |               |        |                       |                       |                 |                   |                      |         |                                     |   |                          |              |  |   |     |     |                           |  |                    |       |  |  |     |                                    |  |  |     |     |   |  |     |     |  |                          |       |     |   |  |       |     |  |  |     |     |                  |  |     |     |  |  |     |     |                          |  |     |     |                               |  |    |    |   |  |     |     |   |  |     |     |   |  |     |     |   |  |     |     |  |  |  |  |                 |  |
| 310   | Design filing fee               |   |              |  |                                 |               |        |                       |                       |                 |                   |                      |         |                                     |   |                          |              |  |   |     |     |                           |  |                    |       |  |  |     |                                    |  |  |     |     |   |  |     |     |  |                          |       |     |   |  |       |     |  |  |     |     |                  |  |     |     |  |  |     |     |                          |  |     |     |                               |  |    |    |   |  |     |     |   |  |     |     |   |  |     |     |   |  |     |     |  |  |  |  |                 |  |
| 150   | Provisional filing fee          |   |              |  |                                 |               |        |                       |                       |                 |                   |                      |         |                                     |   |                          |              |  |   |     |     |                           |  |                    |       |  |  |     |                                    |  |  |     |     |   |  |     |     |  |                          |       |     |   |  |       |     |  |  |     |     |                  |  |     |     |  |  |     |     |                          |  |     |     |                               |  |    |    |   |  |     |     |   |  |     |     |   |  |     |     |   |  |     |     |  |  |  |  |                 |  |
| <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:15%;">Number Filed</th> <th style="width:15%;">Number Extra</th> <th style="width:15%;">Rate</th> <th style="width:15%;">Amount</th> </tr> </thead> <tbody> <tr> <td>Total Claims 32</td> <td>- 20 = 12</td> <td>x \$ 18.00 =</td> <td>216</td> </tr> <tr> <td>Independent Claims 3</td> <td>- 3 = 0</td> <td>x \$ 78.00 =</td> <td></td> </tr> </tbody> </table>   |                                 |   |              | Number Filed   | Number Extra                    | Rate          | Amount | Total Claims 32       | - 20 = 12             | x \$ 18.00 =    | 216               | Independent Claims 3 | - 3 = 0 | x \$ 78.00 =                        |   | <b>SUBTOTAL (3) (\$)</b> |              |  |   |     |     |                           |  |                    |       |  |  |     |                                    |  |  |     |     |   |  |     |     |  |                          |       |     |   |  |       |     |  |  |     |     |                  |  |     |     |  |  |     |     |                          |  |     |     |                               |  |    |    |   |  |     |     |   |  |     |     |   |  |     |     |   |  |     |     |  |  |  |  |                 |  |
| Number Filed  | Number Extra                    | Rate  | Amount       |  |                                 |               |        |                       |                       |                 |                   |                      |         |                                     |   |                          |              |  |   |     |     |                           |  |                    |       |  |  |     |                                    |  |  |     |     |   |  |     |     |  |                          |       |     |   |  |       |     |  |  |     |     |                  |  |     |     |  |  |     |     |                          |  |     |     |                               |  |    |    |   |  |     |     |   |  |     |     |   |  |     |     |   |  |     |     |  |  |  |  |                 |  |
| Total Claims 32   | - 20 = 12                       | x \$ 18.00 =  | 216          |  |                                 |               |        |                       |                       |                 |                   |                      |         |                                     |   |                          |              |  |   |     |     |                           |  |                    |       |  |  |     |                                    |  |  |     |     |   |  |     |     |  |                          |       |     |   |  |       |     |  |  |     |     |                  |  |     |     |  |  |     |     |                          |  |     |     |                               |  |    |    |   |  |     |     |   |  |     |     |   |  |     |     |   |  |     |     |  |  |  |  |                 |  |
| Independent Claims 3  | - 3 = 0                         | x \$ 78.00 =  |              |  |                                 |               |        |                       |                       |                 |                   |                      |         |                                     |   |                          |              |  |   |     |     |                           |  |                    |       |  |  |     |                                    |  |  |     |     |   |  |     |     |  |                          |       |     |   |  |       |     |  |  |     |     |                  |  |     |     |  |  |     |     |                          |  |     |     |                               |  |    |    |   |  |     |     |   |  |     |     |   |  |     |     |   |  |     |     |  |  |  |  |                 |  |
| <input type="checkbox"/> Multiple Dependent Claim(s), if any \$260.00 =   |                                 |   |              | <b>TOTAL (\$)</b> 488.00   |                                 |               |        |                       |                       |                 |                   |                      |         |                                     |   |                          |              |  |   |     |     |                           |  |                    |       |  |  |     |                                    |  |  |     |     |   |  |     |     |  |                          |       |     |   |  |       |     |  |  |     |     |                  |  |     |     |  |  |     |     |                          |  |     |     |                               |  |    |    |   |  |     |     |   |  |     |     |   |  |     |     |   |  |     |     |  |  |  |  |                 |  |
| <b>2. AMENDMENT CLAIM FEES</b>  |                                 |   |              | <b>TOTAL (\$)</b> 488.00   |                                 |               |        |                       |                       |                 |                   |                      |         |                                     |   |                          |              |  |   |     |     |                           |  |                    |       |  |  |     |                                    |  |  |     |     |   |  |     |     |  |                          |       |     |   |  |       |     |  |  |     |     |                  |  |     |     |  |  |     |     |                          |  |     |     |                               |  |    |    |   |  |     |     |   |  |     |     |   |  |     |     |   |  |     |     |  |  |  |  |                 |  |
| <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:15%;">Claims Remaining After Amend.</th> <th style="width:15%;">Highest No. Previously Paid For</th> <th style="width:15%;">Present Extra</th> <th style="width:15%;">Rate</th> <th style="width:40%;">Fee Paid</th> </tr> </thead> <tbody> <tr> <td>Total -</td> <td>=</td> <td></td> <td>x \$ 18.00 =</td> <td></td> </tr> <tr> <td>Indep. -</td> <td>=</td> <td></td> <td>x \$ 78.00 =</td> <td></td> </tr> <tr> <td colspan="3"> <input type="checkbox"/> First Presentation of Multiple Dep. Claim + \$260.00 =         </td> <td></td> <td></td> </tr> <tr> <td colspan="4"> <b>TOTAL: (\$)</b> </td> <td></td> </tr> <tr> <td colspan="4"> <b>SMALL ENTITY DISCOUNT: (\$)</b> </td> <td></td> </tr> <tr> <td colspan="4"> <b>SUBTOTAL (2) (\$)</b> </td> <td></td> </tr> </tbody> </table> |                                 |   |              | Claims Remaining After Amend.  | Highest No. Previously Paid For | Present Extra | Rate   | Fee Paid              | Total -               | =               |                   | x \$ 18.00 =         |         | Indep. -                            | = |                          | x \$ 78.00 = |  | <input type="checkbox"/> First Presentation of Multiple Dep. Claim + \$260.00 = |     |     |                           |  | <b>TOTAL: (\$)</b> |       |  |  |     | <b>SMALL ENTITY DISCOUNT: (\$)</b> |  |  |     |     | <b>SUBTOTAL (2) (\$)</b>                |  |     |     |  | <b>TOTAL (\$)</b> 488.00 |       |     |   |  |       |     |  |  |     |     |                  |  |     |     |  |  |     |     |                          |  |     |     |                               |  |    |    |   |  |     |     |   |  |     |     |   |  |     |     |   |  |     |     |  |  |  |  |                 |  |
| Claims Remaining After Amend.   | Highest No. Previously Paid For | Present Extra   | Rate         | Fee Paid   |                                 |               |        |                       |                       |                 |                   |                      |         |                                     |   |                          |              |  |   |     |     |                           |  |                    |       |  |  |     |                                    |  |  |     |     |   |  |     |     |  |                          |       |     |   |  |       |     |  |  |     |     |                  |  |     |     |  |  |     |     |                          |  |     |     |                               |  |    |    |   |  |     |     |   |  |     |     |   |  |     |     |   |  |     |     |  |  |  |  |                 |  |
| Total -   | =                               |   | x \$ 18.00 = |  |                                 |               |        |                       |                       |                 |                   |                      |         |                                     |   |                          |              |  |   |     |     |                           |  |                    |       |  |  |     |                                    |  |  |     |     |   |  |     |     |  |                          |       |     |   |  |       |     |  |  |     |     |                  |  |     |     |  |  |     |     |                          |  |     |     |                               |  |    |    |   |  |     |     |   |  |     |     |   |  |     |     |   |  |     |     |  |  |  |  |                 |  |
| Indep. -  | =                               |   | x \$ 78.00 = |  |                                 |               |        |                       |                       |                 |                   |                      |         |                                     |   |                          |              |  |   |     |     |                           |  |                    |       |  |  |     |                                    |  |  |     |     |   |  |     |     |  |                          |       |     |   |  |       |     |  |  |     |     |                  |  |     |     |  |  |     |     |                          |  |     |     |                               |  |    |    |   |  |     |     |   |  |     |     |   |  |     |     |   |  |     |     |  |  |  |  |                 |  |
| <input type="checkbox"/> First Presentation of Multiple Dep. Claim + \$260.00 =   |                                 |   |              |  |                                 |               |        |                       |                       |                 |                   |                      |         |                                     |   |                          |              |  |   |     |     |                           |  |                    |       |  |  |     |                                    |  |  |     |     |   |  |     |     |  |                          |       |     |   |  |       |     |  |  |     |     |                  |  |     |     |  |  |     |     |                          |  |     |     |                               |  |    |    |   |  |     |     |   |  |     |     |   |  |     |     |   |  |     |     |  |  |  |  |                 |  |
| <b>TOTAL: (\$)</b>  |                                 |   |              |  |                                 |               |        |                       |                       |                 |                   |                      |         |                                     |   |                          |              |  |   |     |     |                           |  |                    |       |  |  |     |                                    |  |  |     |     |   |  |     |     |  |                          |       |     |   |  |       |     |  |  |     |     |                  |  |     |     |  |  |     |     |                          |  |     |     |                               |  |    |    |   |  |     |     |   |  |     |     |   |  |     |     |   |  |     |     |  |  |  |  |                 |  |
| <b>SMALL ENTITY DISCOUNT: (\$)</b>  |                                 |   |              |  |                                 |               |        |                       |                       |                 |                   |                      |         |                                     |   |                          |              |  |   |     |     |                           |  |                    |       |  |  |     |                                    |  |  |     |     |   |  |     |     |  |                          |       |     |   |  |       |     |  |  |     |     |                  |  |     |     |  |  |     |     |                          |  |     |     |                               |  |    |    |   |  |     |     |   |  |     |     |   |  |     |     |   |  |     |     |  |  |  |  |                 |  |
| <b>SUBTOTAL (2) (\$)</b>  |                                 |   |              |  |                                 |               |        |                       |                       |                 |                   |                      |         |                                     |   |                          |              |  |   |     |     |                           |  |                    |       |  |  |     |                                    |  |  |     |     |   |  |     |     |  |                          |       |     |   |  |       |     |  |  |     |     |                  |  |     |     |  |  |     |     |                          |  |     |     |                               |  |    |    |   |  |     |     |   |  |     |     |   |  |     |     |   |  |     |     |  |  |  |  |                 |  |
| <b>CORRESPONDENCE ADDRESS</b>   |                                 |   |              | <b>SIGNATURE BLOCK</b>   |                                 |               |        |                       |                       |                 |                   |                      |         |                                     |   |                          |              |  |   |     |     |                           |  |                    |       |  |  |     |                                    |  |  |     |     |   |  |     |     |  |                          |       |     |   |  |       |     |  |  |     |     |                  |  |     |     |  |  |     |     |                          |  |     |     |                               |  |    |    |   |  |     |     |   |  |     |     |   |  |     |     |   |  |     |     |  |  |  |  |                 |  |
| Direct all correspondence to:<br>Patent Administrator<br>Testa, Hurwitz & Thibault, LLP<br>High Street Tower<br>125 High Street<br>Boston, MA 02110<br>Tel. No.: (617) 248-7000<br>Fax No.: (617) 248-7100  |                                 |   |              | Respectfully submitted,<br><br>Date: February 26, 1999<br>Reg. No.: 41,274<br>Tel. No.: (617) 248-7501<br>Fax No.: (617) 248-7100<br>Agent for the Applicants<br>Testa, Hurwitz & Thibault, LLP<br>High Street Tower<br>125 High Street<br>Boston, MA 02110   |                                 |               |        |                       |                       |                 |                   |                      |         |                                     |   |                          |              |  |   |     |     |                           |  |                    |       |  |  |     |                                    |  |  |     |     |   |  |     |     |  |                          |       |     |   |  |       |     |  |  |     |     |                  |  |     |     |  |  |     |     |                          |  |     |     |                               |  |    |    |   |  |     |     |   |  |     |     |   |  |     |     |   |  |     |     |  |  |  |  |                 |  |